



General Assembly

January Session, 2001

***Raised Bill No. 6938***

LCO No. 4413

Referred to Committee on Human Services

Introduced by:  
(HS )

***AN ACT IMPROVING THE DELIVERY OF BEHAVIORAL HEALTH CARE SERVICES TO CHILDREN AND YOUTH BY THE ESTABLISHMENT OF THE KIDCARE SYSTEM.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1       Section 1. (NEW) (a) Any child enrolled in the HUSKY Plan, Part A  
2       or Part B, is automatically enrolled in the KidCare system for  
3       behavioral health benefits. The HUSKY Plan shall continue to be  
4       responsible for behavioral health care provided in a primary care  
5       setting, hospital-based emergency services and for pharmacy services.  
6       The KidCare system shall provide a comprehensive benefit package of  
7       behavioral health specialty services.

8       (b) The KidCare system shall include: (1) A system of care model in  
9       which service planning is directed by the needs and preferences of the  
10      child and his or her family, which places a greater emphasis on early  
11      identification, prevention and early intervention to prevent behavioral  
12      health problems from escalating; (2) a comprehensive behavioral  
13      health program with a flexible benefit package which shall include  
14      treatment and a comprehensive support service that emphasizes  
15      prevention and early intervention in the least restrictive and

16 appropriate setting; (3) community-based care planning and service  
17 delivery; (4) comprehensive training for all agency and system staff  
18 and parents; (5) an efficient balance of local control of care with a state-  
19 wide administrative support structure; (6) integration of categorical  
20 agency funding to support the benefit package; (7) reinvestment of  
21 Medicaid reimbursement; (8) performance reports on outcome and  
22 quality measures; (9) accountability; (10) elimination of the major gaps  
23 and barriers in the child behavioral health system; (11) a system that is  
24 family-directed and family-focused with respect for the legal rights of  
25 the child and his or her parents; (12) guarantees that no child shall be  
26 discharged from a service team or from the KidCare system due to his  
27 or her behavior or health care needs; and (13) timely payment of  
28 service claims.

29       Sec. 2. (NEW) (a) For the purposes of this section and section 17a-  
30 22b of the general statutes, as amended by this act, a "community  
31 collaborative" means a local consortium of health care providers,  
32 parents and service agencies that have organized to develop  
33 coordinated, comprehensive community resources for children with  
34 complex service needs and their families. Each community  
35 collaborative shall establish the number of members and the type of  
36 representatives to ensure that the membership of such collaborative is  
37 appropriately balanced. The chief elected officer of each municipality  
38 served by a community collaborative shall designate a member to  
39 serve as a representative of the chief elected official. A community  
40 collaborative, at a minimum, shall consist of representatives from the  
41 local or regional board of education, special education program, youth  
42 services bureau, local departments of social services and public health,  
43 a parent and representatives from private organizations serving  
44 children. Such persons appointed to represent public or private  
45 agencies shall be authorized to make policy and funding decisions for  
46 their agencies. A community collaborative shall participate in the  
47 regional advisory councils established under section 17a-30 of the  
48 general statutes, provide outreach to community resources, coordinate  
49 behavioral health services by forming child specific teams for children

50 with complex service needs, conduct community need assessments to  
51 identify service gaps and service barriers, identify priority investment  
52 areas for the state and lead service agencies and provide public  
53 education and support. A community collaborative shall establish a  
54 governance structure, determine membership and identify or establish  
55 a fiscal agent. The regional offices of the Department of Children and  
56 Families shall provide the community collaboratives with staff support  
57 to assist in the management of such activities. Any person who serves  
58 on a community collaborative and who acts in good faith without  
59 malicious intent in making any decision relative to the appropriateness  
60 of services for a family or the proper placement or treatment of a child  
61 shall be immune from civil liability.

62 (b) The regional offices of the Department of Children and Families  
63 shall contract with lead service agencies which shall manage the care  
64 of all children enrolled in the KidCare system residing within their  
65 designated catchment areas, including children with complex  
66 behavioral service needs. The lead service agency shall be responsible  
67 for local quality assurance and accountability, emergency mobile  
68 psychiatric service, voluntary services application processing,  
69 establishing learning centers to provide ongoing training, resource  
70 development and for overseeing the development of the community  
71 collaboratives. The lead service agencies shall employ care  
72 coordinators to assist families in establishing and implementing  
73 individual service plans for children with complex service needs.  
74 Parents and the lead service agencies may use any provider in the  
75 contracted network of the administrative service organizations.

76 (c) An administrative service organization shall have responsibility  
77 for managing integrated funding and for basic administrative services  
78 such as claims processing, network relations, contract management,  
79 the determination of eligibility for children entering the KidCare  
80 system through the voluntary services program, data management and  
81 reporting and federal financial claiming and reporting. The  
82 administrative service organization shall provide a care management

83 infrastructure for use by the lead service agencies. The administrative  
84 service organization shall establish policies to assess the ability of  
85 parents or legal guardians to contribute financially to the cost of  
86 services provided and, when not specifically prohibited by federal or  
87 state law or regulation, provide for appropriate parental or legal  
88 guardian financial contribution utilizing a standard sliding fee scale  
89 based upon ability to pay.

90       Sec. 3. (NEW) (a) The Commissioner of Children and Families shall  
91 establish performance measures in the areas of finance, administration,  
92 clinical process and clinical outcome. The administrative service  
93 organization shall have primary responsibility for uniform data  
94 collection to determine if performance measures are exceeded. Data  
95 collected shall include expenditures, number of children served and  
96 nature of the service, length of stay in residential facilities and  
97 proportion of children placed in treatment settings suggested by a  
98 uniform assessment instrument.

99       (b) The Commissioner of Children and Families shall develop a  
100 competency-based curricula, including best practice for the care of  
101 children with, or at the risk of, serious emotional disturbances and  
102 provide training to all persons involved in the KidCare system,  
103 including schools and the judiciary.

104       (c) The Commissioner of Children and Families shall conduct a five-  
105 year independent longitudinal evaluation with evaluation goals and  
106 methods utilizing an independent evaluator. The evaluation shall  
107 assess changes in outcomes for individual children and families,  
108 evaluate the effectiveness of the overall initiative in the early phases to  
109 guide future expansion of the KidCare system and examine costs and  
110 cost avoidance achieved by such system. Such evaluation shall  
111 specifically address the following: (1) The number of days that  
112 children enrolled in the KidCare system spend in out-of-home  
113 placement compared to other children in the target group; (2) whether  
114 or not the system goals have been met and the plan for allocating

115 funding from institutional services to community-based services for  
116 children with severe disabilities has been implemented; (3) a  
117 comparison between any changes in problem behaviors of participants  
118 before and after participation in the KidCare system; (4) a comparison  
119 between school attendance and performance of children before and  
120 after participation in the KidCare system; (5) a comparison between  
121 recidivism rates of participants who have a history of delinquency; (6)  
122 types of services provided to children enrolled in the KidCare system  
123 and to their families through the integrated service plan and the cost of  
124 such services; and (7) satisfaction of parents and children with the  
125 KidCare system.

126       Sec. 4. (NEW) All public agencies which have served a family or  
127 treated a child referred to a lead service agency or community  
128 collaborative shall be responsible for obtaining the consent required to  
129 share information relative to clients that is maintained by such  
130 agencies. After obtaining the proper consent, all agencies shall  
131 promptly deliver, upon request and without charge, such records of  
132 services, treatment or education of the family or child as are necessary  
133 for a full and informed assessment by the lead service agency or  
134 community collaborative. A proceeding held to consider the  
135 appropriate provision of services and funding for a particular child or  
136 family or both shall be exempt from the provisions of chapter 14 of the  
137 general statutes and shall be confidential and not open to the public  
138 unless the child and family who are the subjects of such proceeding  
139 request, in writing, that such proceeding be open. All information  
140 concerning specific children and families shall be confidential, but  
141 demographic, service and cost information concerning children and  
142 families receiving services and funding through this act which is of a  
143 nonidentifying nature may be gathered for reporting and evaluation  
144 purposes. Nothing contained in this section shall be construed to  
145 diminish the rights of children, their parents or guardians under state  
146 law including, but not limited to, confidentiality, consent for services  
147 and evaluation and parental involvement.

148       Sec. 5. (NEW) The Commissioner of Children and Families shall,  
149       within available appropriations, provide financial assistance for the  
150       establishment of an organization, with local chapters, that shall  
151       provide family-to-family support and family advocates for children  
152       and their families, and when requested by the family, assist the family  
153       with the individual service plan process and otherwise encourage  
154       active family participation in treatment and KidCare system planning.  
155       Such organization shall assure that families have input into the  
156       development and implementation of their individual service plans and  
157       input into policy and planning for the KidCare system.

158       Sec. 6. (NEW) (a) There is established a trust fund for the purposes  
159       of developing:

160       (1) Early intervention services for young children and their families,  
161       which shall include prevention efforts for individuals who are at-risk  
162       for developing problems based on biological, psychological or social  
163       and environmental factors;

164       (2) Community services for troubled youths who have emotional or  
165       behavior problems, or both, and their families.

166       (b) The fund shall consist of moneys from the General Fund, the  
167       state surplus, federal grants and private foundations. Any proposal for  
168       requesting expenditure of such funds shall be made by a lead service  
169       agency to the Commissioner of Children and Families.

170       Sec. 7. (NEW) The Department of Children and Families is  
171       responsible for managing the grievance and administrative hearing  
172       procedures under KidCare as a contested case under chapter 54 of the  
173       general statutes. Once a child is enrolled in the KidCare system, all  
174       applicable state and federal grievance procedures under Medicaid and  
175       Title IV-E shall be applicable.

176       Sec. 8. Section 17a-1 of the general statutes is repealed and the  
177       following is substituted in lieu thereof:

178 As used in sections 17a-1 to 17a-26, inclusive, as amended by this  
179 act, 17a-28 to 17a-49, inclusive, 17a-127, as amended by this act, and  
180 46b-120:

181 (1) "Commissioner" means the Commissioner of Children and  
182 Families;

183 (2) "Council" means the State Advisory Council on Children and  
184 Families;

185 (3) "Advisory committee" means the Children's Behavioral Health  
186 Advisory Committee to the council;

187 [(3)] (4) "Department" means the Department of Children and  
188 Families;

189 [(4)] (5) "Child" means any person under sixteen years of age;

190 [(5)] (6) "Youth" means any person sixteen to eighteen years of age;

191 [(6)] (7) "Delinquent child" shall have the meaning ascribed thereto  
192 in section 46b-120;

193 [(7)] (8) "Child or youth with mental illness" means a child or youth  
194 who is suffering from one or more mental disorders as defined in the  
195 most recent edition of the American Psychiatric Association's  
196 "Diagnostic and Statistical Manual of Mental Disorders";

197 [(8)] (9) "Child or youth with emotional disturbance" means a child  
198 or youth who has a clinically significant emotional or behavioral  
199 disorder, as determined by a trained mental health professional, that  
200 disrupts the academic or developmental progress, family or  
201 interpersonal relationships of such child or youth or is associated with  
202 present distress or disability or a risk of suffering death, pain or  
203 disability;

204 [(9)] (10) "Individual [system of care] service plan" means a written  
205 plan [developed by the Commissioner of Children and Families] to

206 access coordinated, integrated care for a child or youth who [is  
 207 mentally ill, emotionally disturbed or seriously emotionally disturbed  
 208 or who is at placement risk which shall be developed when such child  
 209 or youth needs services from at least two public agencies and] has  
 210 unusually complex behavioral health service needs which shall (A) be  
 211 designed to meet the needs of the child or youth and his or her family,  
 212 (B) be based upon an appropriate assessment of the individual needs  
 213 of the child, (C) identify service needs, (D) identify services which are  
 214 currently being provided, if any service need is not being met, include  
 215 an explanation of why the service is not being provided, (E) identify  
 216 opportunities for participation by parents, (F) include a reintegration  
 217 plan when an out-of-home placement is made or recommended and  
 218 traditional clinic services with nontraditional services such as out-of-  
 219 home crisis respite, therapeutic respite care, mentoring, behavioral  
 220 assistance and family-to-family support, supervision in natural  
 221 community supports and nonmedical transportation, (G) include  
 222 criteria for evaluating the effectiveness and appropriateness of such  
 223 plan to allow modification of such plan as necessary to meet the needs  
 224 of the child or youth and his or her family, (H) coordinate any  
 225 educational services provided to the child or youth, and (I) be subject  
 226 to review every six months;

227 [(10)] (11) "Family" means a child or youth who is mentally ill,  
 228 emotionally disturbed or seriously emotionally disturbed or who is at  
 229 placement risk together with (A) one or more biological or adoptive  
 230 parents, except for a biological parent whose parental rights have been  
 231 terminated, (B) one or more persons to whom legal custody or  
 232 guardianship has been given, or (C) one or more adult family members  
 233 who have a primary responsibility for providing continuous care to  
 234 such child or youth;

235 [(11)] (12) "Child or youth at placement risk" means a mentally ill,  
 236 emotionally disturbed or seriously emotionally disturbed child or  
 237 youth who is at risk of placement out of his or her home or is in  
 238 placement out of his or her home for the primary purpose of receiving



239     mental health treatment;

240         [(12)] (13) "Parent" means a biological or adoptive parent, except a  
241     biological parent whose parental rights have been terminated;

242         [(13)] (14) "Guardian" means a person who has a judicially created  
243     relationship between a child and such person which is intended to be  
244     permanent and self-sustaining as evidenced by the transfer to such  
245     person of the following parental rights with respect to the child: (A)  
246     The obligation of care and control; (B) the authority to make major  
247     decisions affecting the child's welfare, including, but not limited to,  
248     consent determinations regarding marriage, enlistment in the armed  
249     forces and major medical, psychiatric or surgical treatment; (C) the  
250     obligation of protection of the child; (D) the obligation to provide  
251     access to education; and (E) custody of the child; [and]

252         [(14)] (15) "Serious emotional disturbance" and "seriously  
253     emotionally disturbed" means, with regard to a child or youth, that the  
254     child or youth (A) has a range of diagnosable mental, behavioral or  
255     emotional disorders of sufficient duration to meet diagnostic criteria  
256     specified in the most recent edition of the American Psychiatric  
257     Association's "Diagnostic and Statistical Manual of Mental Disorders",  
258     and (B) exhibits behaviors that substantially interfere with or limit the  
259     child's or youth's ability to function in the family, school or community  
260     and are not a temporary response to a stressful situation; and

261         (16) "Care coordinator" means a person who has experience and  
262     training in working with children, at least a bachelor's degree in one of  
263     the behavioral sciences or a related field including, but not limited to,  
264     social work, psychology or nursing from an accredited college or  
265     university, experience and training in identifying and accessing a wide  
266     range of children's needs and knowledge relative to local community  
267     resources and how to use such resources for the benefit of children and  
268     their families.

269         Sec. 9. Section 17a-22a of the general statutes is repealed and the

270 following is substituted in lieu thereof:

271 (a) The Commissioner of Social Services and the Commissioner of  
272 Children and Families shall develop and administer an integrated  
273 behavioral health service delivery system to be known as KidCare for  
274 children and youth [with serious emotional disturbances] who meet  
275 the criteria established in accordance with subdivision (1) of subsection  
276 (a) of section 5 of public act 00-2 of the June special session\* and who  
277 are eligible to receive services [from the HUSKY Plan, Part A or Part B,  
278 the HUSKY Plus program] for intensive behavioral health needs or  
279 voluntary services provided through the Department of Children and  
280 Families. All necessary changes to the IV-E, Title XIX and Title XXI  
281 state plans shall be made to maximize federal financial participation.

282 (b) [Not later than October 1, 2000, said] Said commissioners shall  
283 enter into a memorandum of understanding for the purpose of the  
284 joint administration of [an integrated behavioral health service  
285 delivery] the KidCare system. Such memorandum of understanding  
286 shall establish mechanisms to administer combined funding, establish  
287 standards for, and monitor implementation of, the [integrated  
288 behavioral health service delivery] KidCare system and specify that (1)  
289 the Department of Social Services, which is the agency designated as  
290 the single state agency for the administration of the Medicaid program  
291 pursuant to Title XIX of the Social Security Act, manage all Medicaid  
292 and HUSKY Plan modifications, waiver amendments, federal  
293 reporting and claims processing and provide financial management,  
294 and (2) the Department of Children and Families, which is the state  
295 agency responsible for administering and evaluating a comprehensive  
296 and integrated state-wide program of services for children and youth,  
297 [who are seriously emotionally disturbed,] define the services to be  
298 included in the continuum of care and develop state-wide training  
299 programs [on the systems of care approach] for providers, families and  
300 other persons, establish fiscal and programmatic eligibility guidelines,  
301 develop fiscal and programmatic outcome measures and establish a  
302 plan to evaluate the administration of behavioral health services and

303 procedures for the exchange of confidential information concerning the  
304 provision of behavioral health care to children and youth among  
305 health care providers, educators and service agencies.

306 [(c) Not later than October 1, 2000, said commissioners shall  
307 complete the memorandum of understanding, establish fiscal and  
308 programmatic eligibility guidelines, develop fiscal and programmatic  
309 outcome measures and develop a plan to evaluate the administration  
310 of behavioral health services.

311 (d) Said commissioners may commence a project of limited scope  
312 and duration in the state fiscal year commencing July 1, 2000, to  
313 implement the provisions of this section in those locations where the  
314 commissioners determine that services are well-developed and a high  
315 degree of cooperation exists among providers.]

316 [(e)] (c) Said commissioners shall consult with the Commissioner of  
317 Mental Health and Addiction Services, [and] the Commissioner of  
318 Mental Retardation and the Commissioner of Education during the  
319 development of the [integrated behavioral health service delivery]  
320 KidCare system in order to ensure coordination of a delivery system of  
321 behavioral health services across the life span of children, youth and  
322 adults with behavioral health needs.

323 [(f)] (d) The Commissioner of Social Services and the Commissioner  
324 of Children and Families may apply for any federal waivers or waiver  
325 amendments necessary to implement the provisions of this section.  
326 The Commissioner of Social Services shall seek any necessary federal  
327 waiver or amend any waiver obtained pursuant to Title XXI of the  
328 Social Security Act to implement the provisions of this section.

329 Sec. 10. Section 17a-22b of the general statutes is repealed and the  
330 following is substituted in lieu thereof:

331 Not later than January 1, 2001, and annually thereafter, each [local  
332 system of care] community collaborative shall, within available

333 appropriations, (1) complete a local needs assessment which shall  
334 include objectives and outcome measures, (2) specify the number of  
335 children requiring behavioral health services, (3) specify the number of  
336 children actually receiving community-based and residential services  
337 and the type and frequency of such services, and (4) complete an  
338 annual self-evaluation process and a review of discharge summaries.  
339 Each [local system of care] community collaborative shall submit its  
340 local needs assessment to the Commissioner of Children and Families  
341 and the Commissioner of Social Services. For the purposes of this  
342 section, ["local system of care"] "community collaborative" means  
343 community-based organizations that work in teams to deliver  
344 behavioral health services in a manner that assists children and youth  
345 with behavioral health problems and provides their families with  
346 access to the full range of services tailored to the physical, emotional,  
347 social and educational needs of each individual in or near the  
348 communities in which they reside.

349 Sec. 11. Section 17a-127 of the general statutes is repealed and the  
350 following is substituted in lieu thereof:

351 (a) The following shall be established for the purposes of  
352 developing and implementing an individual [system of care] service  
353 plan:

354 (1) Within available appropriations, a child specific team may be  
355 developed by the family of a child or adolescent [at placement risk  
356 and] with complex behavioral health service needs which shall provide  
357 for family participation in all aspects of assessment, planning and  
358 implementation of services and may include, but not be limited to,  
359 family members, the child or adolescent if appropriate, clergy, school  
360 personnel, representatives of local or regional agencies providing  
361 programs and services for children and youth, a family advocate, and  
362 other community or family representatives. The team shall designate  
363 one member to be the team coordinator. The team coordinator shall  
364 compile the results of all assessments and evaluations completed prior

365 to the preparation of an individual service plan that document the  
 366 service needs of the child or adolescent, make decisions affecting the  
 367 implementation of an individual [system of care] service plan with the  
 368 consent of the team, except as otherwise provided by law, and make  
 369 referrals to community agencies and resources in accordance with an  
 370 individual service plan. If a [case manager] care coordinator, other  
 371 than the [case manager] care coordinator from the Department of  
 372 Children and Families, has been assigned to the child and is not  
 373 designated as the team coordinator, such [case manager] care  
 374 coordinator shall not make decisions affecting the implementation of  
 375 the individual [system of care] service plan without the consent of the  
 376 team, except as otherwise provided by law;

377 (2) Within available appropriations, case review committees may be  
 378 developed by each regional office of the Department of Children and  
 379 Families and shall be comprised of at least three parents of children or  
 380 adolescents with mental illness, emotional disturbance or serious  
 381 emotional disturbance and representatives of local or regional agencies  
 382 and service providers including, but not limited to, the regional  
 383 administrator of the office of the Department of Children and Families  
 384 or [his] the administrator's designee, a superintendent of schools or  
 385 [his] the superintendent's designee, a director of a local children's  
 386 mental health agency or [his] the director's designee, the district  
 387 director of the district office of the Department of Social Services or  
 388 [his] the director's designee, representatives from the Departments of  
 389 Education, Mental Retardation and Mental Health and Addiction  
 390 Services who are knowledgeable of the needs of a child or adolescent  
 391 [at placement risk] with behavioral health needs, a representative from  
 392 a local housing authority and a representative from the court system.  
 393 The functions of the case review committees shall include, but not be  
 394 limited to: (A) The determination of whether or not a child or  
 395 adolescent meets the definition of a child or adolescent [at placement  
 396 risk] with behavioral health needs; (B) assisting children or families  
 397 without a child specific team in the formation of such a team; and (C)  
 398 resolution of the development or implementation of an individual

399 [system of care] service plan not developed, implemented or agreed  
 400 upon by a child specific team. Such functions shall be completed in one  
 401 hundred twenty days or less from the date of referral to the case  
 402 review committee. In the event of the need for an individual [system of  
 403 care] service plan for a child or adolescent with no identifiable  
 404 community, a representative of the child or adolescent shall make a  
 405 referral to the state coordinated care committee, established pursuant  
 406 to subdivision (3) of this subsection, which shall designate  
 407 responsibility for the development of an individual [system of care]  
 408 service plan to a case review committee. The case review committee  
 409 shall also monitor the implementation of an individual [system of care]  
 410 service plan when appropriate. The Department of Children and  
 411 Families may assign a system coordinator to each case review  
 412 committee. The duties of the system coordinator shall include, but not  
 413 be limited to, assistance and consultation to child specific teams and  
 414 assistance with the development of case review committees and child  
 415 specific teams.

416 (3) A [coordinated care committee] state agency consultation group  
 417 shall be [developed] established by the [Commissioner]  
 418 Commissioners of Children and Families and Social Services and shall  
 419 be comprised of [a parent of a child or adolescent with mental illness,  
 420 emotional disturbance or serious emotional disturbance who is  
 421 currently serving or has served on a case review committee, a person  
 422 who is now or has been a recipient of services for a child or adolescent  
 423 at placement risk,] representatives of the Departments of Children and  
 424 Families, Social Services, Education, Mental Health and Addiction  
 425 Services [, Social Services] and Mental Retardation, [who are  
 426 knowledgeable of the needs of a child or adolescent at placement risk,]  
 427 the Office of Policy and Management and the judicial branch court  
 428 support services and a representative of the Office of Protection and  
 429 Advocacy for Persons with Disabilities, [who is] all of whom are  
 430 knowledgeable of the needs of a child or adolescent [at placement risk]  
 431 with behavioral needs.

432       (b) The state agency consultation group shall (1) advise the  
 433 commissioner concerning cooperative efforts at the state level and  
 434 provide support to the community collaboratives and lead service  
 435 agencies, (2) serve as liaison to the participating state agencies, and (3)  
 436 make recommendations relative to training and technical assistance.  
 437 The commissioner, in consultation with the [coordinated care  
 438 committee] state agency consultation group, shall submit a report on  
 439 [the] findings and recommendations [of programs for children and  
 440 youth at placement risk] for the development and implementation of  
 441 the KidCare system, including recommendations for budget options or  
 442 programmatic changes necessary to enhance the KidCare system [of  
 443 care for such child or youth and his family,] to meet the needs of  
 444 children and which shall recommend priorities for the continuation or  
 445 development of programs, to the joint standing committee and the  
 446 select committee of the General Assembly having cognizance of  
 447 matters relating to children, on or before January 1, [1998] 2002, and  
 448 annually thereafter.

449       (c) The provisions of this section shall not be construed to grant an  
 450 entitlement to any child or youth [at placement risk] with behavioral  
 451 health needs to receive particular services under this section in an  
 452 individual [system of care] service plan if such child or youth is not  
 453 otherwise eligible to receive such services from any state agency or to  
 454 receive such services pursuant to any other provision of law.

455       (d) The Commissioner of Children and Families may adopt  
 456 regulations in accordance with chapter 54 for the purpose of  
 457 implementing the provisions of this section.

458       Sec. 12. Subsection (a) of section 17b-293 of the general statutes is  
 459 repealed and the following is substituted in lieu thereof:

460       (a) The HUSKY Plan, Part B shall provide the following minimum  
 461 benefit coverage:

462       (1) No copayments for preventive care and services;

463       (2) No copayments for inpatient physician and hospital, outpatient  
464 surgical, ambulance and for emergency medical conditions, skilled  
465 nursing, home health, hospice and short-term rehabilitation and  
466 physical therapy, occupational and speech therapies, lab and x-ray,  
467 preadmission testing, prosthetics, durable medical equipment other  
468 than powered wheelchairs, dental exams every six months, x-rays,  
469 fillings, fluoride treatments and oral surgery. For purposes of this  
470 subdivision, in accordance with the National Committee for Quality  
471 Assurance, an emergency medical condition is a condition such that a  
472 prudent lay-person, acting reasonably, would have believed that  
473 emergency medical treatment is needed;

474       (3) Outpatient physician visits, hearing examinations, nurse  
475 midwives, nurse practitioners, podiatrists, chiropractors and  
476 natureopaths;

477       (4) Prescription drugs;

478       (5) Eye care and optical hardware;

479       (6) Orthodontia;

480       (7) Mental health inpatient [maximum of sixty days with allowable  
481 substitution of alternative levels of care and outpatient maximum of  
482 thirty visits with supplemental coverage available under a HUSKY  
483 Plus program for medically eligible enrollees, provided coverage  
484 under the HUSKY Plan, Part B and HUSKY Plus programs shall be]  
485 and outpatient services consistent with the provisions of the Mental  
486 Health Parity Act, Public Law 104-204, sections 38a-488a, 38a-514 and  
487 38a-533;

488       (8) Substance abuse, detoxification and inpatient for drugs sixty  
489 days and alcohol forty-five days and outpatient sixty visits per  
490 calendar year maximum with supplemental coverage available under a  
491 HUSKY Plus program for medically eligible enrollees;

492       (9) Under the HUSKY Plan, Part B no deductibles shall be charged;



493 no preexisting condition exclusion shall be applied and there shall be  
494 no annual or lifetime benefit maximums and no coinsurance.

495       Sec. 13. Not later than October 1, 2001, the Commissioners of Social  
496 Services and of Children and Families shall submit a report to the joint  
497 standing committees of the General Assembly having cognizance of  
498 matters relating to appropriations and the budgets of state agencies,  
499 human services and public health: (1) Concerning the status of the  
500 community collaboratives established under section 17a-127 of the  
501 general statutes as the primary providers of services under the  
502 KidCare system; (2) on the implementation of lead service agencies  
503 under the KidCare system; (3) on the implementation of the contract  
504 with an administrative services organization to provide data and  
505 fiduciary management for the lead service agencies; (4) on children  
506 who are not eligible to participate in the HUSKY Plan but who were  
507 able to enroll in the KidCare system through the voluntary services  
508 program, or permit children enrolled in HUSKY Plan, Part B, over  
509 three hundred per cent federal poverty level to participate in the  
510 KidCare system, involves either a limited benefit or additional options  
511 for cost-sharing; (5) that recommends a strategy for enhancing home  
512 and community-based services in order to allow children and youth in  
513 out-of-home placements to return to their families and communities;  
514 (6) that provides information on the extent to which children have not  
515 received services and recommendations on how to address their  
516 identified needs; (7) that recommends a hold harmless provision for  
517 funding child guidance clinics; (8) that establishes mechanisms for the  
518 continuous evaluation and quality improvement of the integrated  
519 behavioral health service delivery system, including periodic  
520 evaluation of behavioral health programs and services and research on  
521 child outcomes; (9) that establishes a program for training staff and  
522 providers regarding the changes in the system of care principles and  
523 structures and in all aspects of the delivery of care under the integrated  
524 behavioral health service delivery system; (10) that establishes  
525 procedures for the compiling of all data and conducting all needs  
526 assessments as are necessary for planning an integrated behavioral

527 health service delivery system; (11) that determines the nature of  
528 support for development and financing of an independent family-  
529 operated organization to provide family-to-family support; (12) that  
530 determines which resources the Department of Education can  
531 contribute to the integrated funding for the KidCare system in general  
532 and, in particular, excess grants for purposes of special education in  
533 approved private school educational programs; (13) that specifies  
534 performance measures in the areas of finance, administration, clinical  
535 process and clinical outcome; (14) that requires training to support  
536 implementation of the KidCare system including training of school  
537 and judiciary officials; (15) on the establishment and implementation  
538 of a competency-based curriculum; (16) on performance contracting  
539 options; (17) that includes information concerning the KidCare system  
540 that summarizes the overall performance of the KidCare system and  
541 the performance of individual lead service agencies on quality and cost  
542 measures; (18) on evaluation guides and methods and essential  
543 components, baseline data to be collected and cost of longitudinal  
544 study; (19) that addresses the need to improve services for children  
545 served by the Department of Education and the juvenile justice  
546 systems; (20) on the establishment of an integrated grievance process  
547 for all children enrolled in the KidCare system regardless of whether  
548 such children were originally enrolled in the HUSKY Plan, Part A or  
549 Part B or the voluntary services program; (21) that recommends a  
550 mechanism for handling conflict resolution among the various  
551 responsible agencies; and (22) that recommends a process for adopting  
552 a five-year plan for the KidCare system.

553       Sec. 14. Not later than January 1, 2002, and annually thereafter, the  
554 Commissioner of Children and Families shall submit a report to the  
555 joint standing committees of the General Assembly having cognizance  
556 of matters relating to human services and education concerning (1) the  
557 number and ages of children in out-of-state residential facilities, (2) the  
558 number and ages of children in in-state residential facilities, (3) the  
559 number and ages of children in nonresidential treatment, (4) annual  
560 public funds expended for out-of-state placements, the sources of such

561 funds and the average cost per child of such out-of-state placement, (5)  
562 annual public funds expended for in-state residential placements, the  
563 sources of such funds and the average cost per child of such in-state  
564 residential placement, (6) annual public funds expended for  
565 nonresidential treatment, the sources of such funds and the average  
566 cost per child of such nonresidential treatment, (7) the average length  
567 of state in out-of-state and in-state placements, and (8) the number and  
568 ages of children placed in out-of-home treatment compared to the total  
569 number of children in each region of the state.

570 Sec. 15. This act shall take effect July 1, 2001.

***Statement of Purpose:***

To improve the delivery of behavioral health care services to children and youth.

*[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]*